

Enteritis.

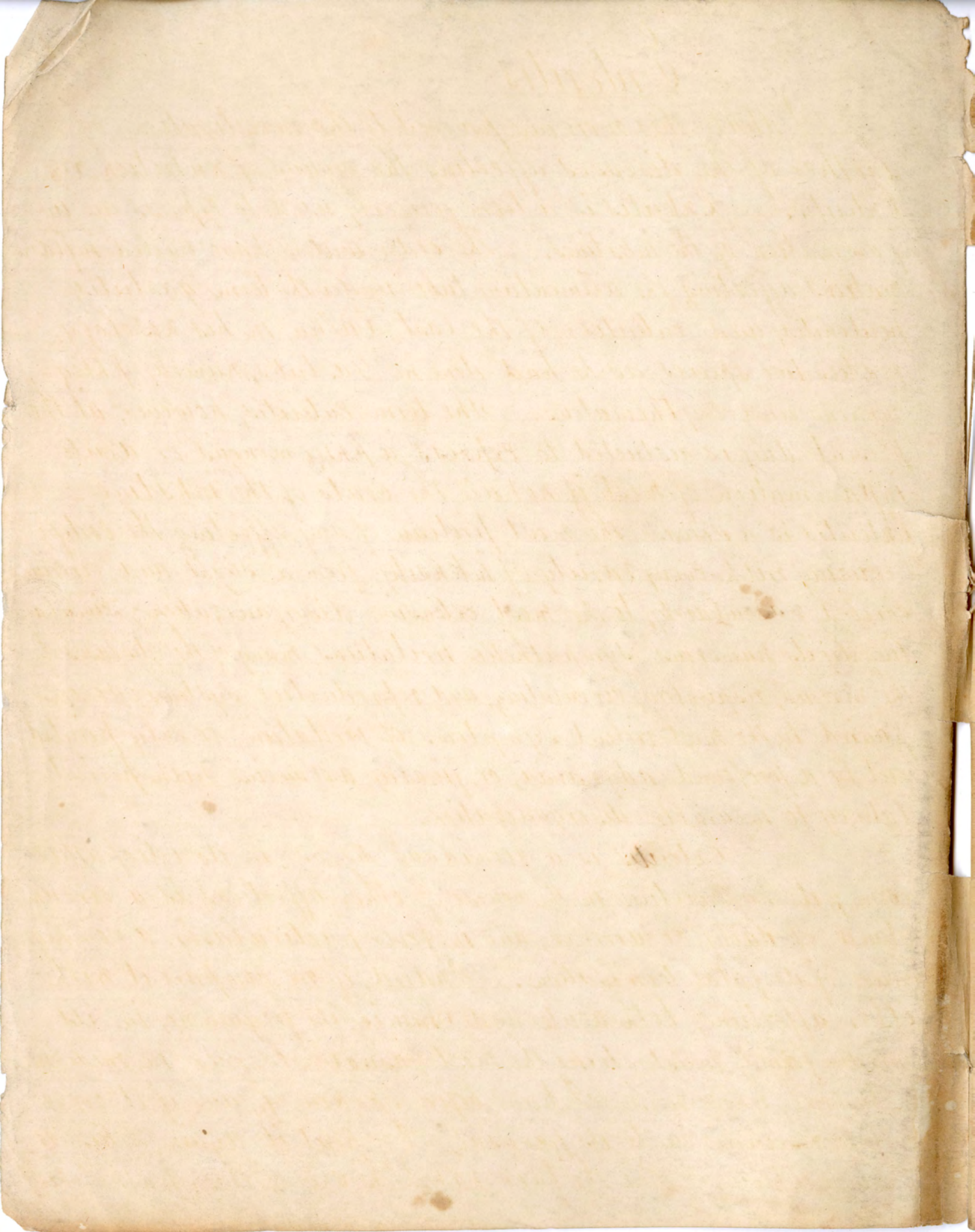
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1888

31 Lectures -

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Package D.



Enteritis.

I shall this morning proceed to the investigation of another of the diseases affecting the organs of nutrition, viz., Enteritis. Enteritis is a term formerly used to express an inflammation of the intestines. The older writers have called inflammations affecting the alimentary tube under the term gastritis, peritonitis, and enteritis: of the last, Cullen, in his nosology, makes two species, as he had done in Gastritis, namely, phlegmonous and erythematous. The term enteritis, however, at the present day is restricted to express a phlegmonous or acute inflammation of most, if not all, the coats of the intestine. Enteritis is a disease the most protean of any affecting the body; occurring with every variety of intensity, from a slight and circumscribed vascularity, to the most extensive disorganization; simulating by its numerous sympathetic irritations, many of the diseases of the nervous, respiratory, circulating, and reproductive systems; accompanied by the most violent symptoms of irritation, or only pointed out by a profound adynamia, or, finally, advancing with perfect latency to incurable disorganization.

Enteritis is a formidable disease in its idiopathic form; its supervention in the course of other affections is a circumstance of daily occurrence, and in fever particularly, a common cause of its fatal termination. Indeed, if we compare it with other affections, both acute and chronic, its frequency, in its milder forms, must strike the most casual observer in medicine.

Andral, whose work I have before spoken of, and if it were but to remind you to its perusal, I repeat it again, - his extensive experience, and the fact that he is one of those pathologists

having no theory to defend, is therefore, the very best authority upon this subject, declares that in the great majority of acute diseases of other parts, a derangement either in the functions or structure of the intestinal canal will occur; and that in chronic diseases, whatever be their nature, it is extremely rare that the digestive tube escapes alteration. Abernethy, indeed, owes the greatness of his reputation, to having called his own countrymen to the importance of the alimentary functions, their liability of derangement in disease, and the production of morbid action occasioned by their functional impairment; and Dr Jackson of our own country, has in his *Principles of Medicine*, done much to enlighten the practitioners of this country, and to impress upon them the importance of a recollection how early and seriously, and how complicated different affections may be produced by intestinal disorder.

I would say, in respect to Broussais, that it is difficult to estimate the many benefits which he has conferred on medicine, by calling the attention of pathologists to the frequency and importance of irritations of the digestive system; and if, in the ardour of discovery, this great man has in one instance passed the bounds of strict induction, the error is more atoned for by the extensive good of which he is most undeniably the author. Some teachers and practitioners of this country fail to treat with contempt the works of Broussais; indeed, I once heard a physician decry in the most invective and bitter terms against his physiological and pathological works. After he had finished his harangue, I asked him how long ~~it was~~ since he had read the works of Broussais; he quickly replied that he had never read, nor would

+ he spend his time in reading the rotten excreescences of the Brunonian
 system. This, I fear, is too frequently the prototype of many who
 are now daily finding fault with the works of Broussais, Bosc-
 sequ, and many others of like ardour in their Science. From
 * this seeming digression, I shall now observe for the purpose of
 studying Enteritis with advantage. I shall bring before you in ex-
 amination, the different inflammatory affections of the intesti-
 nal canal, from the pyloric end of the duodenum to the rectum -
 the remaining portions of the alimentary canal, namely, the Pharynx,
 Oesophagus and Stomach, I have ^{already} treated of under Pharyngitis,
 Oesophagitis, and Gastritis.

We may commence our inquiry by the question, how are
 affections of the digestive canal to be recognized? The alterations
 of function, the local phenomena, and the general Sympathetic
 irritations are sufficient to point them out to us. The general
 symptoms are indigestion; anorexia, vomiting, thirst, jaundice,
 tympanitis, constipation, alteration of the fecal discharges in quality,
 or quantity; pain, tenderness on pressure, contraction of the features,
 morbid state of the tongue, dryness of skin, and conjunctiva; suppres-
 sion of urine, sighing, Stupor, delirium, headache, prostration, ac-
 celerated and thoracic respiration, and fever.

There is a variety in the combinations of these symptoms,
 principally occurring from the following - the intensity and extent
 of the inflammation - the situation of the disease both as to the
 different parts and tissues of the tube - the complications with
 other diseases - the different degrees of excitability of the nervous system
 in different individuals. Thus, when the inflammation is extensive
 and severe, occupying both the stomach and intestines, we may have

the worse forms of bilious or gastric fevers; when the inflammation is in the duodenum, we may have jaundice as a common symptom, and the disease may occur with or without fever - as anatomists this is easily explained; you know the common duct leading from the liver into the duodenum may be closed from thickening and congestion, and the bile has obliged to be taken up by the absorbents. When the inflammation is in the small intestine, it may be only latent, or pointed out by a little swelling or pain; while if it be situated in the caecum or colon, diarrhoea or dysentery is the consequence. Should the upper portion of the tube be implicated, constipation is a common symptom; but when the lower portion, we have free purging, or constant desire for it, or tenesmus. If the mucus membrane alone be engaged, pain and costiveness are often absent; but when all the coats are in a state of acute irritation, we have the most violent symptoms of peritonitis and ileus, with contractions, intussusception, &c. The complication of the disease with other affections also occasions a number of varieties - Thus should it come on in the advanced stages of phthisis, diarrhoea is often the only symptom; or when complicated with erysipelas or pneumonia, its most prominent feature is an extraordinary prostration. The different degrees of excitability of the nervous system, causes also the greatest irregularity in the symptoms - often it has come under my observation when in a child, an acute enteritis was mistaken for inflammation of the brain; in the adult a circumscribed irritation will in one case be accompanied by violent delirium, while in another, more severe, this symptom shall be completely absent.

I have already made frequent allusion to the frequency of abdominal irritations occurring singly, or in combination with

other diseases. These facts are the discovery of our own times, and we may look upon them as the greatest improvements in modern pathology.

Some practitioners, especially those who were educated previous to the light which late pathology has thrown over medicine, saw nothing in most digestive derangements but the accumulations of sordes - and thus emetics and purgative treatment, even where inflammation was present in some part of the organ. These practitioners never dreamed of treating inflammatory diseases of the abdominal cavity as such, unless they were presented to them in the highest degree of intensity, involving all the twines of the intestine - of the nature and symptoms of irritations affecting the mucous membranes, they were entirely ignorant. The followers of John Brown and Samuel Thompson, of this country, can perceive nothing in these affections but debility, because most of them are accompanied by prostration of strength, functional injury, weak pulse, and in some cases by completely typhoid symptoms. Ignorant of the fundamental law in pathology, that local excitement or inflammation, may coincide with a diminution of the general vital force, they prescribed stimulants; the one, brandy and opium, and the other, Cayenne and the aromatic barks, which only increase the debility by exasperating its cause.

The progress of medicine has most undeniably shown to the unprejudiced mind, that to various modes and shades of irritation of the gastro-intestinal surface, a great number of affections, the nature of which was previously obscure are to be referred. I can assure you, from an extensive observation, that

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many cases of what has been called idiopathic fevers, are of this nature, and that it is a common source of dyspepsia, jaundice, hepatic obstructions, and tympanitis; that diarrhoea and dysentery constantly arise from it; and that in very many cases ileus, constipation, and hemorrhage from the bowels are results of this morbid action. To this cause also may be traced many of the irritations of other symptoms, that is, hysteria, epilepsy, tetanus, mania, dropsy, rheumatism and many others.

From these general prefatory remarks, I shall place before you the history and symptoms of Enteritis separately from those of Gastritis; and as I have treated of the last affection, the former will be now better understood. But you should ever recollect in many cases the coincidence of the two affections are so intimate as to be with difficulty separated, or, indeed nearly to impossibility. Enteritis may occur in the infant within the womb, the fact of which I have had many illustrations; for these are shown in those infants who continue in a state of debility and marasmus from birth, these have, there can be no question, had the disease before their birth.

In the works of Dr. Stokes, Abercrombie, and Billard, we have many interesting pathological facts bearing upon Enteritis as it occurs in children; but as I have said before, were I to consider affections to which children are liable, it would be encroaching upon the duties of another chair. I may, however, here remark in illustration of this disease, that it occurs in children as in intra-uterine disease. Billard mentions his having seen numerous cases of it; the infant under two years and that it appeared to assume two different forms;

in the first there is absence of fever, and frequently of other symptomatic irritations, the symptoms being merely local; in the second are presented the local symptoms, but with fever and signs of irritation in the nervous and respiratory systems. The first form is that to which the youngest infants are most subject, the second being more liable to occur as the child advances in age.

As in the adult, the symptoms vary with the portion of the tube affected, and in the youngest children they are most commonly those of gastritis and enteritis. Vomiting, diarrhoea, tympanitic swelling and pain on pressure are the most common symptoms of this disease.

The tongue is generally furred, dry, tipped along the edges with red, and skin dry; and when diarrhoea exists an erythematous redness round the anus has been observed. Fever may or may not be present, and it often happens that the abdomen feels preternaturally hot. Towards the fatal termination of the disease the skin becomes cold, wrinkled, rough, and of a dirty appearance; the evacuation is extreme, and the muscles are soft and flabby. The character of the face is remarkable; the hollow cheeks, corrugated forehead, and retracted mouth give to the child a melancholy and singular expression of age and suffering.

Dr Abercrombie describes this disease in children of from 5 to 8 months old, and states that in its early stages it is difficult to distinguish it from the common bowel complaints of children at the period of dentition. He relies upon fever as the pathognomonic sign, but I have seen that in very young children this is insufficient, the symptoms being local; but for an excellent history of enteritis occurring in children, I refer you to works on Diseases of the Stomach, &c.

Billard in his work on Diseases of Children records 80 cases of inflammation of the intestinal tube in infants at the breast; 30 where inflammation was situated in the small intestines and colon alone; and 14 cases in which it occupied the colon. In 20 of the first, he observed bilious diarrhoea, and in every one swelling and tenderness of the abdomen; in 12 bilious vomiting took place although there was no gastritis; in all he observed the erythematous redness around the anus. The tongue in most of Billard's cases was red and dry, and the skin hot; but the pulse was rarely excited to any febrile degree, and was often feeble. A remark which he makes is worthy of our recollection, which is, that the abdomen in all the cases at some period of the disease, was tympanic. In 20 cases there was purging of yellowish matter, the tongue most always red, the skin hot, but the pulse little excited. In these cases the erythema around the anus was observed.

In all the cases of inflammation of the colon there was diarrhoea, but the tympanitis was not so great, and only in a few cases vomiting took place.

The children were greatly agitated, and remarkable dryness of skin, which was generally cold and livid. The pulse in these cases was scarcely excited.

I have purposely brought before you a synopsis of these cases to shew that tympanitis, vomiting, diarrhoea are the principal signs of the inflammation of the mucous membrane of the small intestine, while in the simple colitis, or inflammation in the colon, it is most usually indicated by a diarrhoea attended with but little tympanitis of the abdomen.

Another fact which I also wished by the rehearsal to impress upon your recollection, that is, the absence of excitement of the pulse - This is a point of great practical importance, and I hope it will be always remembered, so as to place you upon your guard in any case of intestinal disturbance during the period of suckling, or of lactation. Now, then, I may conclude, that it is well established that in the infant at the breast, fatal enteritis may occur without fever, and commonly without excitement of the pulse.

Therefore, let me urge you again, that you must never lose sight of the grand fundamental principle in diagnosis, that principle which I have endeavoured so frequently to impress upon you, and particularly as applied to the enteritis of children, - that no one symptom is sufficient to point out the disease with absolute certainty.

You may say that a child may have vomiting alone or colicky pains without enteritis - This is granted; but the occurrence of either of these with fever, we have great reason to believe it is an indication of inflammation, but, as I have shown, that fever may be absent, and then, as to diagnosis and practice, it is to the whole of the phenomena that your attention should be directed. It is all nonsense to tell me that the pulse can be taken as an unerring guide of fever, that the tongue is an invariable indicator of the actual state of the alimentary canal, or that the sedimentous urine is pathognomonic of disease of the kidneys. I assure you a few years practice will convince you of the soundness of such a foundation of diagnosis - but take the whole group with an universal inquiry into the state and results of the actions of the different organs; and if diagnosis can be certain - it then must come

with all its powers to your aid.

I have thus far spoken of this disease as attacking children, more for the purpose of illustrating some of its pathology as applicable to adults, than to trace it in its various modifications, as will be done sufficiently masterly by my colleague Dr.

In describing enteritis in the adult, I find it difficult to separate its symptoms from those of gastritis, on account of the frequent combination of the two affections. This difficulty, fortunately, however, is not of very great ^{practical} importance; for when you have discovered the existence of inflammation in the digestive tube at any part of its extent, the general principles of treatment are essentially the same.

I have already described the symptoms of enteritis, which are found, however, to vary with the portion of the tube affected, according to the different divisions of the tube being under inflammation, have given rise to particular expressions for their designation. Thus when it occurs in the duodenum, it is termed duodenitis, which may be both an acute or chronic disease, and seldom occurs without more or less inflammation of the stomach. Hence the application gastro-duodenitis. This involvement of the alimentary canal, there can be no question, has a powerful effect in bringing on either functional or organic disease of the liver. Some pathologists, have, from a knowledge of this fact, stated that hepatic disease is always a secondary disease, but this I do not believe. It appears certain, that in notices hitherto received of affections of the liver, the influence of gastro-duodenitis in their production has been much overlooked; thus if jaundice supervenes in the course of a gastro enteritis, we may positively assert there is inflammation

of the duodenum, and we shall find to this lesion are to be attributed a great number of examples of jaundice. I wish, however, it not to be understood, that hepatitis cannot occur without gastro-duodenitis - for we have many instances recorded in the works of Broussais, Dr. Marsh, Graves, and Stokes, where acute hepatitis occurred without jaundice.

In this country where there can scarcely be a pain in the right side without attributing it to an affection of the liver, makes it of great importance that the connection which commonly exists in the relation of cause and effect, between irritation of the upper part of the digestive tube and derangements of the functions of the liver, should be closely studied. We have many facts to prove that gastro-duodenitis may exist without jaundice, or that hepatic inflammation may arise independent of disease in the mucous membrane; but we have equally facts which show that gastro-duodenitis, both acute and chronic, are those commonly received as indicative of hepatic disease; and that this last affection may commence by inflammation of the digestive tube. These facts all should be kept in remembrance, and in the treatment of such affections, if any doubt exists as to the diagnosis, it is better to give the patient the advantage of that doubt, that is, treat him for gastro-duodenitis before you have recourse to the use of purgatives and mercury. I know hundreds of cases of chronic gastro-duodenitis which have been treated for hepatic disease.

This, if proper practice was pursued, could not be productive of any injury, as the principles of treatment in both affections should be essentially the same; but the great misfortune is, with a majority of practitioners in this country, that the name of

liver disease is synonymous with purgatives and mercury, and hence they are blindly lavished upon the poor unfortunates, without regard to the state of parts or the constitution of the individual. therefore, I would say under the existence of such a state of circumstances, the distinction becomes of no slight importance to the safety of the patient and the reputation of medicine. Indeed, so far was this blinded ~~reputation~~ ~~of medicine~~ zeal carried in regard to the use of mercury in hepatic diseases, and so universal was the disease supposed to be at a period of not more than 40 years ago, that no patient could command the services of a physician, without being told he had a liver affection, and salivation was the cure. Dr. Lamy relates an anecdote

When the inflammation attacks the small intestines, it passes under the name of exanthème interne of the French pathologists, or by Bertonneau - dothia enteritis. This inflammation is frequently associated with that of the Colon or Colitis - but the brain here becomes a more prominent symptom, than inflammations of other portions of the tube.

The preceding observations, I think, will be sufficient to give a proper idea of enteritis, of which, however, it should be recollected there are many modifications. I shall not enter into a description of these differences, as it would not convey to us any practical knowledge of essential importance. I shall pass on to the treatment of the disease.

In regard to the treatment of enteritis in the infant and child, our principal indications are - in the first stage antiphlogistic measures are our chief resource; and in

the second, revulsives and the cautious use of tonics.

In the infant it is not often necessary to have recourse to the lancet, although we may have such a case where the symptoms are violent, the fever high, and the constitution strong. In this case bleeding cautiously performed will generally be followed by the best effects. I have frequently taken blood from the arm after leeches have failed - when in a child you cannot succeed in opening a vein in the arm, apply leeches to the foot or back of the hand, and put the member in hot water.

If the bowels should not be open, it is advisable to procure a moderate evacuation of the tube, but no violent or irritating purgative on no account is to be used - the mildest laxatives - after these, if the disease should not be relieved, leeches to the abdomen are useful.

Internal remedies - Dovers powder with calomel, Hydrargyrum cum creta with Dovers powder may be given in repeated doses. But recollect to avoid an over degree of narcotism; but I have frequently seen it happen that after a decided opiate effect has been produced, the symptoms too greatly subside. Opium is a remedy that requires caution, but it is one of great value. When it constipates, give castor oil.

In some cases a mercurial action might be desirable - a mercurial plaster may effect this. But in every case we should endeavour to remove the disease without the exhibition of a great deal of mercury.

Blisters are often useful. In young children they should never be left on for more than 2 or 3 hours; and in older patients remove them as soon as uneasy sensations are produced. A

The second condition for the existence of a state is that it must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The third condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The fourth condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The fifth condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The sixth condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The seventh condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The eighth condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The ninth condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one. The tenth condition is that the state must be a community of persons who are united by a common interest or purpose. This interest or purpose may be of a temporal or a spiritual nature, but it must be a common one.

general rule - that blisters should not be used when the skin is dry and hot, the fever high; in this state local bleeding is best.

There is a difference of opinion about the use of the warm bath. I have found it useful in the advanced stages, and where there is much diarrhoea; but fomentations are serviceable and may be used in all stages.

A strict regimen is necessary; every thing that could possibly disagree must be avoided.

Gum water.

Cold water slightly acidulated.

Very often enteritis in children is mistaken for worms, and of course improperly treated - Active purgatives are administered; the increase of symptoms and the marasmus are attributed still to the worms, and purgative anthelmintics repeated and repeated until at length typhoid symptoms appear, or the child becomes in a state of atrophy. These cases are always of the worse description from many reasons. When the disease appears to arise from indigestible food or from constipation, purgatives cautiously given at the commencement are valuable; but if after unloading the bowels, the symptoms continue, it must evidently be taken for something more than mere irritation from the presence of noxious substances, and that we should treat it as one of enteritis. These remarks are equally applicable to the treatment of the adult. The indiscriminate use of purging in all cases is an opprobrium of American practice, for it is a fact, that since the writings of Hamilton, too many physicians have

had, in the treatment of digestive derangement of most kinds, but two objects in view; the one, giving doses of purgative medicines, the other, the quantity and quality of the fecal discharges; while the mucous lining of the alimentary canal, that prodigious vascular-nervous expansion has been too often and unheededly forgotten.

When cerebral symptoms supervene in enteritis of children, local bleeding and blisters are useful. The best way to treat cerebral symptoms, is, as if they were encephalitis.

When enteritis occurs in the adult, the principal remedy is bloodletting, generally and locally, but particularly locally; unless in cases where symptoms run very high and threaten peritonitis. Here the lancet is the sheet anchor, and must be repeated and repeated till the reduction of vascular action.

Some recommend to follow the first general bleeding by smaller bleedings, so as to keep up a decided impression. Facts, however, oblige us to admit the efficacy of general bleeding alone in reducing inflammation of the mucous membrane. Where the inflammation is in the small bowels, local bleeding is better. It may be performed in various stages, even in a dynamic fever, and will generally be found useful. Leeches should be freely applied around the umbilicus and to the ileo-caecal region, and the hip bath used when they fall off.

If the symptoms do not immediately yield at once, it should be boldly repeated, and a large ~~mustard~~ mush poultice laid over the bowels. The bowels are to

be gently opened by Castor oil, or some of the mildest laxatives and Emetics, frequently repeated.

When vomiting, leeches, blisters and effervescent draughts.

Opiates, and in some advanced stages, stimulants may be used with advantage.

Some use turpentine in tympanitis, not recommended except as an injection.

Diarrhoea better relieved by small doses of Dover's powder, warm bath.

Dr. Armstrong uses general bleeding and large doses of opium and Calomel.

Revulsion and regimen of importance.

